Place Stamp Here

Important Numbers:

Claim Administrator:

CCMSI P.O. Box 43909 Louisville, KY 40253 Phone: 866.320.8456 Local: 502.426.7474

Your Adjuster Name:

Extension:

Your Claim Number:

Your Designated Physician:

Designated Physicians' Phone:

EMERIC Prescription Card: 800.661.1494

Managed Care Provider:

comp mc P.O. Box 43909 Louisville, KY 40253 Phone: 866.361.6899 Local: 502.394.3050 Fax: 502.426.9516

If your physician recommends treatment which may

require pre-certification, request that he call comp $\ensuremath{\mathsf{mc}}.$

Referrals need to be made in The First Health Network.





Employee Guide

Commonwealth of Kentucky

Effective Date: 07/01/07



What to do

In a <u>medical emergency</u>, proceed immediately when

to the nearest emergency or urgent care center **an injury**

or health care physician, qualified o provide **OCCUTS:**

emergency medical treatment.

It is important that you report your injury to your supervisor as soon as possible or at least within 24-72 hours after receiving emergency/urgent medical treatment.

The Personnel Cabinet will notify CCMSI of your injury as soon as it is reported by your agency.

In a **non-emergency**, notify your supervisor immediately and complete a First Notice of Loss Injury Report. If medical attention is needed, select a Gatekeeper Physician.



After you select your physician,

1. Medical Waiver and Consent Form

your employer will give you

2. Designated Physician Form

the following forms:

3. Medial Treatment Plan Form

Return completed forms to your employer or comp mc:

comp mc fax: 502.426.9516 Phone: 866.361.6899

*You will also receive a Prescription card (EMERIC 800.661.1494) which allows you to fill your prescription for your reported injury without any out of pocket expense.

What

Your claims adjuster will send you a First

To

Designated Physician Card after you have returned **Expect:**

your Designated Physician Form.

*You should show this at each physician appointment so your physician will know who to call and where to send the bill for treatment you received as a result of a reported work injury.

Your physician will call comp mc (866.361.6899) for approval of treatment requiring pre-authorization.

You have the right to expect that you will:

- Receive emergency medical treatment as soon as possible.
- 2. Receive initial treatment by a Managed Care Plan Gatekeeper within 24-48 hours of the request of treatment.
- 3. Receive specialized medical services that the Managed Care Plan is not otherwise able to provide.
- 4. Have the right to file a Grievance to resolve a dispute related to medical services. A Grievance must be filed within 30 days of the occurrence of the event that caused the dispute. Comp mc will render a decision within 30 days of having received your written Grievance. You also have the right to appeal this decision.
- 5. Have a Nurse Case Manager assist you during your recovery from loss time or during on-going treatment.

Care

You may choose a medical provider from outside the

 $\underline{\text{outside}}$ the comp mc network $\underline{\text{only in the}}$ $\underline{\text{comp mc}}$

following cases, otherwise you may be held **Network:**

responsible for medical expenses incurred:

- If treatment for a work related injury is initiated prior to the effective date of the managed care agreement.
- 2. In the event of a medical emergency.
- When you continue to treat with the physician who rendered your initial emergency care so long as that physician complies with comp mc's utilization standards.
- When you are referred outside of comp mc's network by a comp mc network physician.
- When authorized treatment is unavailable through the comp mc network.
- To obtain a second surgical opinion when a comp mc MCO Network physician recommends surgery.

comp mc <u>is not</u> a company which determines compensability.

comp mc does not provide healthcare.

comp mc <u>is</u> a Kentucky Managed Care Company certified by the State of Kentucky to provide managed Healthcare services for employees who are injured at work.

